FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB A	OMB Approval							
OMB Number:	3235-0076							
Expires:	May 31, 2002							
Estimated average	ge burden							
hours per respon								

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Prefix		Serial
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DA	TE RECEIVE	D

Name of Offering (check if this is an amendment and	l name has cha	anged, and indi	icate change.)	11704	Q2	
Limited Liability Company Units				11701	02	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐	Rule 505	⊠ Rule 506	☐ Section 4(6)	□ ULOE ,),
				<u> </u>	MAR 25200	لمان
Type of Filing: ☑ New Filing ☐ Amendment						
	A. BASIC I	IDENTIFICA	TION DATA			'
1. Enter the information requested about the issuer						
Name of Issuer (check if this is an amendment and	d name has ch	anged, and ind	licate change.)		~ /	
BVP Investors III, L.L.C.						
Address of Executive Offices (Number and Street, City, St	ate, Zip Code))		Telephone Number	er (Including Area Co	de) '
303 West Madison Street, Suite 1625, Chicago, IL 606	06			312 269-0300		
Address of Principal Business Operations (Number and Str	reet, City, State	e, Zip Code)		Telephone Number	er (Including Area Co	de)
(if different from Executive Offices)						
Brief Description of Business					21-41	OGM
Venture Capital Investments					21-41	07/
Type of Business Organization					•	<u> </u>
□ corporation □ li	imited partners	ship, already fo	rmed	other (please sp other) other other	pecify):	
	imited partners	ship, to be form	ned	LLC " '	**	
1		Month	Year			
Actual or Estimated Date of Incorporation or Organization:	:	12	1996	Actual	☐ Estimated	300-
Jurisdiction of Incorporation or Organization: (Enter two-le	etter U.S. Post	al Service abbr	eviation for State; I	L		TUCESS
		other foreign i				IDD 1 5 mag
GENERAL INSTRUCTIONS					, ,	11K 1 3 ZUO
Rederal:					7	HOMSON

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 01 CIAL 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	⊠ Executive Officer	⊠Director	☐ General and/or Managing Partner
Full Name (Last name first, if in Batterson, Leonard A.	ndividual)				
Business or Residence Address	Number and Street	t City State Zin Code	1	-	
303 West Madison Street, Suit			, 		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial	■ Executive Officer	□ Director	☐ General and/or
		Owner			Managing Partner
Full Name (Last name first, if in	ndividual)				
Fuss, Peter S.					
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)		
16140 Sunset Pines Circle, P.C). Box 1391, Boca	Grande, FL 33921			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial	■ Executive Officer	□ Director	☐ General and/or
, , , , ,	,	Owner			Managing Partner
Full Name (Last name first, if in	ndividual)	· · · · · · · · · · · · · · · · · · ·			
Rees, Charles	· · · · · · · · · · · · · · · · · · ·				
Business or Residence Address	Number and Stree	t. City. State. Zip Code)		
850 N. State Street, #29A, Chi	•	,,,,, <u>-</u> <u>-</u>	,		
Check Box(es) that Apply:	☐ Promoter		⊠Executive Officer	⊠Director	☐ General and/or
The state of the s		BeneficialOwner			Managing Partner
Full Name (Last name first, if in	ndividual)	····			
	,				
Business or Residence Address	(Number and Stree	t. City. State. Zip Code			
		., ,	,		
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Tr.					Managing Partner
Full Name (Last name first, if in	ndividual)				
	,				
Business or Residence Address	(Number and Stree	t. City. State. Zip Code)		· · · · · · · · · · · · · · · · · · ·
	(1,011001 1110 01100	t, 011), 211110, 21p 00110,	,		
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Check Box(es) that rippiy.		- Dononolar O Whor	E Enount o Othor		Managing Partner
Full Name (Last name first, if in	ndividual)				3
Tun Tune (Dust hamo mst, m n	idi (idudi)				
Business or Residence Address	Number and Stree	t City State Zin Code)		
Dusiness of Residence Madress	(Transcer and Serve	t, City, Dano, Lip Code,	,		
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Chook Box(os) that rippiy.		- 20110110111 O (11101	<u> </u>		Managing Partner
Full Name (Last name first, if in	ndividual)		***************************************		
z an rame (Dust nume mot, II n					
Business or Residence Address	Number and Stree	t City State Zin Code	<u> </u>		
Zadineda di Redigenee Madresa	(1. amoor and Date	i, city, cuito, zip codo,	,		
σ	se blank sheet or	conv and use additional	conies of this sheet as	necessary)	

				В	. INFO	RMATI	ON AB	OUT OI	FERIN	G				
1. Ha	s the issu	er sold o	r does the	issuer ii	ntend to s	sell, to no	on-accred	ited inve	stors in tl	his offerin	ıg?		Yes	No ⊠
			Answe	r also in	Appendi	x, Colun	nn 2, if fi	ling unde	er ULOE.					_
2. W	hat is the	minimur	n investm	ent that	will be a	ccepted f	rom any i	individua	1?				\$ <u>5,000</u>	0.00
3. Do	es the off	ering per	mit joint	ownersh	ip of a si	ngle unit	?						Yes ⊠	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)														
Full N	ame (Last	name fir	rst, if ind	ividual)		· · · · · · · · · · · · · · · · · · ·								
Busine	ss or Resi	idence A	ddress (N	umber a	nd Street	City, St	ate, Zip (Code)			-			
Name	of Associa	ated Brok	cer or De	aler										
	in Which					ids to Sol	licit Purc	hasers			A 11. G.			
	c "All Stat									لسا لسا	All Sta			
[AL]	[AK] [IN]	[AZ] [IA]	[AR]	[CA] [KY]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[TL]	[NE]	[NV]	[KS] [NH]	[NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
	ame (Last													
Busine	ss or Resi	idence A	ddress (N	umber a	nd Street	City, St	ate, Zip (Code)						
Name	of Associa	ated Brok	er or De	aler					·		***		*******	
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	in Which									🖂	A 11 C+0	***		
(Check	t "All Stat [AK]	[AZ]	[AR]	(CA)	[CO]	[CT]	[DE]	[DC]	[FL]	⊔ [GA]	All Sta	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[IM]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[AV]	[WW]	[WV]	[WI]	[WY]	[PR]		
	ame (Last		rst, if ind	ividual)				-						
Busine	ss or Resi	dence A	ddress (N	umber a	nd Street.	City, St	ate, Zip (Code)	·····					
	·					• • • • • • • • • • • • • • • • • • • •								
Name	of Associa	ated Brok	er or Dea	aler										
States	in Which	Person L	isted has	Solicited	d or Inter	ds to So	licit Purc	hasers						
(Check	"All Stat	tes" or ch	eck indiv	idual Sta	ates)					🛘	All Sta	tes		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[11]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[AM]	[IM]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

· C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the column below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Type of Security Offering Price Already Sold \$ \$ \$130,500 \$130,500 □ Preferred \$ \$ \$ Total \$130,500 \$130,500 Answer also in Appendix, Column 3, if filing under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number **Dollar Amount** Investors of Purchases Accredited Investors 9 \$130,500 \$ Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of Dollar Type of offering Security Amount Sold \$ ____ Rule 504 Total 4a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees \$ Printing and Engraving Costs \$

Sales Commissions (Specify finder's fees separately)

Other Expenses (identify)

Total

Total

\$ 5,000.00

 \boxtimes

\$

\$

□ \$

5,000.00

Accounting Fees

	b.	Enter the difference between the ag to Part C-Question 1 and total exp Question 4.a. This difference is the		\$125,000					
5.	prop purp estin	issuer." cate below the amount of the adjust posed to be used for each of the purpose is not known, furnish an estimate. The total of the payments list he issuer set forth in response to Par							
							Payments to Officers, Directors, & Affiliates		Payments to Others
		Salaries and fees				S	Minates	П	\$
		Purchase of real estate							\$
		Purchase, rental or leasing and ins							\$
		Construction or leasing of plant bu		•					\$
		Acquisition of other businesses (in this offering that may be used in ex	cluding the v	alue of sec	urities involved in				
		another issuer pursuant to a merge	r			\$			\$
		Repayment of indebtedness				\$			\$
		Working capital				\$			\$
		Other (specify) Investm	ents			\$		\boxtimes	\$ 125,500
						\$_		_⊠	\$ 125,500
		Column Totals							\$
		Total Payments Listed (column tot	als added)				☒		\$ 125,500
			D. FEI	DERAL S	IGNATURE				
505 upo	on wr	er has duly caused this notice to be following signature constitutes an uitten request to its staff, the informable 502.	undertaking b	y the issue	er to furnish to the	Ū.S.	Securities and	l Exc	hange Commission,
Iss	uer (I	Print or Type)	Signature	Λ		D	ate		
BV	P In	vestors III, L.L.C.	211	A1		M	[arch //, 20	02	
		Signer (Print or Type)	Title of Sign	er (Print o	r Type)	<u>l</u>			
Le	onar	l A. Batterson	Manager						
				ATTEN	FION				
1	nten	tional misstatements or omiss	ions of fac	t constitu	ıte federal crimi	nal v	iolations. (See	18 U.S.C. 1001.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

E. STATE SIGNATURE 1. Is any party described in 17 CFR 230.252 (c), (d), (e) or (f) presently subject to any of the disqualification Yes No provisions of such rule? \boxtimes See Appendix, Column 5, for state response. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. Issuer (Print or Type) Signature Date March / , 2002 **BVP** Investors III, L.L.C.

Title of Signer (Print or Type)

Manager

Instruction:

Name of Signer (Print or Type)

Leonard A. Batterson

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
	Intend to non-acconnect invest State (I	eredited fors in Part B-	Type of security and aggregate offering price offered in state (Part C-Item 1)						
State	Yes _	No		Number of Accredited Investors	Accredited accredited				No
AL	Tes	110		Investors	Amount	Investors	Amount	Yes	No
AK	-						1011		
AZ		Х	LLC Units 14,500	1	14,500			1.	Х
AR									
CA		X	LLC Units 15,000	1	15,000				Х
со							· · · · · · · · · · · · · · · · · · ·		
СТ									
DE							· · · · · · · · · · · · · · · · · · ·		
DC							·		
FL		х	LLC Units 7,600	1	7,600				Х
GA									
н									
ID						(
IL		Х	LLC Units 48,900	4	48,900				Х
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS				·					
МО									

APPENDIX

1		2	3		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
	non-acc invest State (1	to sell to credited fors in Part B- n 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	aggregate ring price Type of investor and red in state amount purchased in State					
÷				Number of Accredited		Number of Non- accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
MT	·	7/	11 C 11 20 000		20.000				77
NE		X	LLC Units 30,000	1	30,000				X
NV								<u></u>	
NH									
NJ NM								<u> </u>	
NY									
NC		X	LLC Units 14,500	1	14,500	1			X
ND			LLC Ollits 14,300	1		-			
ОН							<u> </u>		
ок									
OR		!							
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RI					, ,				
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VA									
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